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DRAFT 7 – 157.12 – November 19, 2006

§157.12 Rotor-Wing Air Medical Operations

(a) A rotor-wing air medical provider that advertises and/or operates in Texas is required to have a valid Texas EMS Provider License.

(b) Applicants for an initial rotor-wing air medical provider shall submit a completed Texas EMS Provider License application to the department including the documentation and fees as listed:

(1) A nonrefundable application fee of \$500 per provider plus a vehicle fee of \$180 for each EMS aircraft to be operated under the license shall accompany the application.

(2) A rotor-wing air medical provider, appropriately licensed by the state governments of New Mexico, Oklahoma, Arkansas, or Louisiana may apply for a reciprocal issuance of a Texas EMS Provider License. A nonrefundable application fee of \$500 per provider in addition to a nonrefundable vehicle fee of \$180 for each EMS aircraft to be operated under the license shall accompany the application. **I would consider increasing this fee for out of state providers. There has to be increased cost to go survey these providers.**

(3) If a rotor-wing air medical provider chooses to add EMS ground vehicles under the license, a nonrefundable administrative fee of \$180 for each EMS ground vehicle shall accompany the application. All EMS ground vehicles under the rotor-wing air medical license shall meet the requirements for EMS ground vehicles as described in §157.11 of this chapter.

(c) Initial License and Designations. Candidates who meet all the criteria for licensure shall be issued a provider license. Licenses may be issued for less than two years for administrative purposes. Licensed EMS providers shall comply with all requirements of their license at all times.

(1) Within one year of the approval of the initial license, the provider shall submit a Provider Information Form (PIF) to the Commission on Accreditation of Medical Transport Systems (CAMTS) or make application through another DSHS approved accreditation process. Copies of all documentation will also be submitted to the department.

(2) Licenses. Providers shall be issued a license for a specific number of EMS aircraft, and if applicable, EMS ground vehicles. The license shall be prominently

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44 displayed in a public area of the rotor-wing air medical provider's Texas headquarters
45 and in the patient compartment of each of the provider's EMS aircraft, and if
46 applicable, EMS ground vehicles.

47

48 (3) Transfer of license(s). Licenses are not transferable between providers.

49

50 (4) Rotary wing aircraft (helicopters) operated by a licensed emergency medical
51 services (EMS) provider shall be licensed at the mobile intensive care level. Persons
52 or entities operating rotary wing air medical operations must direct and control the
53 integrated activities of both the medical and aviation components. Although the
54 aircraft operator is directly responsible to the Federal Aviation Administration (FAA)
55 for the operation of the aircraft, typically the organization in charge of the medical
56 functions directs the combined efforts of the aviation and medical components during
57 patient transport operations.

58

59 (d) When being used as a rotor-wing air ambulance, the helicopter shall:

60

61 (1) Be configured so that the medical personnel have adequate access to the patient
62 in order to begin and maintain basic life support treatment;

63

64 (2) Have an entry that allows loading and unloading of a patient without excessive
65 maneuvering (no more than 45 degrees about the lateral axis and 30 degrees about
66 the longitudinal axis); and does not compromise functioning of monitoring systems,
67 intravenous (IV) lines, or manual or mechanical ventilation;

68

69 (3) have a supplemental lighting system in the event standard lighting is
70 insufficient for patient care that includes:

71

72 (A) A self-contained lighting system powered by a battery pack or a portable
73 light with a battery source; and

74

75 (B) Means to protect the pilot's night adaptation vision. (Use of red lighting or
76 low intensity lighting in the patient care area is acceptable if not able to isolate
77 that patient care area);

78

79 (4) Have an electric power outlet with an inverter or appropriate power source of
80 sufficient output to meet the requirements of the complete specialized equipment
81 package without compromising the operation of any electrical aircraft equipment;

82

83 (5) Have protection of the pilot's flight controls, throttles and radios from any
84 intended or accidental interference by the patient, air medical personnel or
85 equipment and supplies; and

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- 87 (6) have an internal medical configuration so that air medical personnel can
88 provide patient care consistent with the scope of care of the air medical service, to
89 include:
90
- 91 (A) The space necessary to ensure the patient's airway is maintained and to
92 provide adequate ventilatory support from the secured, seat-belted position of the
93 air medical personnel; **I would suggest stronger language regarding maintaining**
94 **the airway, like securing the airway, OT intubation, surgical or at least LMA.**
95
- 96 (B) Those aircraft with gaseous oxygen systems have equipment installed so that
97 medical personnel can determine if oxygen is on by in-line pressure gauges
98 mounted in the patient care area. Aircraft using liquid or gaseous oxygen should
99 have equipment installed;
- 100
- 101 (i) With each gas outlet clearly marked for identification;
102
- 103 (ii) With oxygen flow capable of being stopped at the oxygen source from
104 inside the aircraft; and
105
- 106 (iii) So that the measurement of the liter flow and quantity of oxygen
107 remaining is accessible to air medical personnel while in flight. All flow
108 meters and outlets must be padded, flush mounted, or so located as to prevent
109 injury to air medical personnel; or there shall be an operational policy stating
110 that attendants wear helmets;
111
- 112 (C) Hangers/hooks available to secure (IV) solutions in place or a mechanism to
113 provide high flow fluids if needed:
114
- 115 (i) All IV hooks shall be padded, flush mounted, or so located as to prevent
116 head trauma to the air medical personnel in the event of a hard landing or
117 emergency with the aircraft; or an operational policy stating that attendants
118 wear helmets; and
119
- 120 (ii) Glass containers shall not be used unless required by medication
121 specifications and properly vented;
122
- 123 (D) Provision for medication which allows for protection from extreme
124 temperatures if it becomes environmentally necessary; and
125
- 126 (E) Secure positioning of cardiac monitors, defibrillators, and external pacers so
127 that displays are visible to medical personnel.
128

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129 (7) All aircraft, in accordance with the timeline specified in (7) (A) – (C) of this
130 section, shall have an environmental control system capable of heating and cooling, in
131 accordance with the manufacturer specifications, within the patient compartment at
132 all times when responding to or performing patient transport to regulate extremes in
133 temperature for patient comfort and to minimize extremes in temperature variation for
134 the protection of medications:

135
136 (A) new applicants for a rotor-wing air ambulance operation license shall have an
137 environmental system (heating and cooling) capable of heating and cooling, in
138 accordance with the manufacturer specifications, within the patient compartment
139 at all times when in service;

140
141 (B) any new aircraft added to an existing rotor-wing air ambulance operation
142 license shall have an environmental system (heating and cooling) capable of
143 heating or cooling, in accordance with the manufacturer specifications, within the
144 patient compartment at all times when in service;

145
146 (C) all aircraft in the fleet of a rotor-wing air ambulance operation license, shall
147 have an environmental system (heating and cooling) capable of heating or
148 cooling, in accordance with the manufacturer specifications, within the patient
149 compartment at all times when in service within a 5 year period from the date this
150 rule is adopted to become effective.

151
152 (e) Responsibilities of the rotor-wing air medical provider. During the license period the
153 provider's responsibilities shall include:

154
155 (1) Submit proof that the rotor-wing air medical provider carries bodily injury and
156 property damage insurance with a company licensed to do business in Texas in order
157 to secure payment for any loss or damage resulting from any occurrence arising out of
158 or cause by the operation or use of any of the license holder's aircraft. Coverage
159 amounts shall insure that:

160
161 (A) Each aircraft shall be insured for the minimum amount of \$1 million for
162 injuries to, or death of, any one person arising out of any one incident or accident;

163
164 (B) The minimum amount of \$3 million for injuries to, or death of, more than one
165 person in any one accident; and

166
167 (C) The minimum amount of \$10 million for damage to property arising from
168 any one accident;

169
170 (2) Submit proof that the rotor-wing air medical provider carries professional liability
171 insurance coverage in the amount of \$500,00 per occurrence, with a company

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172 licensed to do business in Texas in order to secure payment for any loss or damage
173 resulting from any occurrence arising out of or caused by the care or lack of care of a
174 patient;

175
176 (3) Submit a list of all aircraft with the registration number or "N" number for the
177 helicopters in the possession of the provider;

178
179 (4) Allow visual and physical inspection of each aircraft and of the equipment to be
180 used on each aircraft, and if applicable, EMS ground vehicle, for the purpose of
181 determining compliance with the aircraft, and if applicable, EMS ground vehicle and
182 equipment specifications within this section; and

183
184 (5) Submit and maintain a current copy of all Federal Aviation Administration
185 certifications, authorizations and prohibitions to include: Air Carrier Certificate or
186 Operating Certificate as applicable; and air ambulance Operations Specifications.

187
188 (6) Assuring that all response-ready and in-service EMS aircraft and/or EMS ground
189 vehicles are maintained, operated, equipped and staffed in accordance with the
190 requirements of the provider's license;

191
192 (7) Monitoring and taking appropriate action regarding the quality of patient care
193 provided by the service;

194
195 (8) Monitoring and taking appropriate action regarding the performance of all
196 personnel involved in the provision of EMS; and ensuring that all personnel are
197 properly certified or licensed;

198
199 (9) Assuring that continuing education (CE) training is current in accordance with
200 the requirements in §157.38 of this title (regarding Continuing Education) or other
201 applicable statute/code;

202
203 (10) Assuring that all personnel, when on an in-service aircraft, and if applicable,
204 EMS ground vehicle or when on-scene, are prominently identified by name,
205 certification or license level and provider name;

206
207 (11) Maintaining confidentiality of patient information;

208
209 (12) Assuring that all relevant patient care information is supplied to receiving
210 facilities upon delivery of patients;

211
212 (13) Assuring that all requested patient records are made promptly available to the
213 medical director;

214

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- 215 (14) Making available on each aircraft, and if applicable, EMS ground vehicle
216 current protocols, current equipment and supply lists, a copy of the provider license
217 and correct designation;
218
- 219 (15) Monitoring and enforcing general safety policies including at least personal
220 protective equipment, immunizations and communicable disease exposure and
221 emergency vehicle operations;
222
- 223 (16) Assuring ongoing compliance with the terms of first responder agreements;
224
- 225 (17) Assuring that all documents, reports or information provided to the department
226 are current, truthful and correct;
227
- 228 (18) Maintaining compliance with all applicable laws and regulations;
229
- 230 (19) Submission of run response data upon request by department approved method;
231 and
232
- 233 (20) Notification of the department, prior to use, if an aircraft or EMS ground vehicle
234 is added, with submission of the nonrefundable administrative fee if applicable
235
- 236 (21) Notification of the department within 10 days if:
237
- 238 (A) An aircraft, and if applicable, EMS ground vehicle is substituted or replaced;
239
- 240 (B) An aircraft, and if applicable, EMS ground vehicle is added, with submission
241 of the nonrefundable fee, if applicable; and
242
- 243 (C) There is a change in the:
244
- 245 (i) Official business address;
246
- 247 (ii) Service director/administrator;
248
- 249 (iii) Medical director, with submission of the new agreement; and/or
250
- 251 (iv) Physical sub location or station address.
252
- 253 (f) The rotor-wing air medical provider shall designate or employ a medical director who
254 shall meet the following qualifications:
255
- 256 (1) A physician who is currently licensed in the state of Texas, in good standing with
257 the Texas Medical Board, in compliance with the Texas Board of Medical Examiners

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258 Rules, particularly regarding Emergency Medical Services as outlined in 22 TAC
259 197, and in compliance with Subtitle B of Title 3 of the Texas Occupations Code;
260

261 (2) Have knowledge and experience consistent with the transport of patients by air;

262
263 (3) Be knowledgeable in aeromedical physiology, stresses of flight, aircraft safety,
264 patient care, and resource limitation of the aircraft, medical staff and equipment;

265
266 (4) Have access to consult with medical specialists for patient(s) whose illness and
267 care needs are outside the medical director's area of practice; and
268

269 (g) The physician shall fulfill the following responsibilities:
270

271 (1) Ensure that there is a comprehensive plan/policy to address selection of
272 appropriate aircraft, staffing and equipment;

273
274 (2) Be involved in the selection, hiring, training, and continuing education of all
275 medical personnel;

276
277 (3) Be responsible for overseeing the development and maintenance of a continuous
278 quality improvement program;

279
280 (4) Ensure that there is a plan to provide direction of patient care to the rotor-wing air
281 medical personnel during transport. The system shall include on-line
282 (radio/telephone) medical control, and/or appropriate system for off-line medical
283 control such as written guidelines, protocols, procedures, patient specific written
284 orders or standing orders;

285
286 (5) Participate in any administrative decision making processes that affect patient
287 care;

288
289 (6) Ensure that there is an adequate method for on-line medical control, and that
290 there is a well defined plan or procedure and resources in place to allow off-line
291 medical control; and
292

293 (7) Oversee the review, revision and validation of written medical policies and
294 protocols annually.
295

296 (h) There shall be two Texas licensed/certified personnel on board the helicopter when in
297 service. A waiver to the Texas license/certification may be granted for personnel
298 employed by providers in New Mexico, Oklahoma, Arkansas, and Louisiana who
299 respond in Texas and are licensed in their respective state. Staffing of aircraft shall be as
300 follows:

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301

302 (1) When responding to an emergency scene, at least one of the personnel shall be a
303 Texas certified or licensed paramedic;

304

305 (2) When responding for an inter-facility transfer, at least one of the personnel
306 performing patient care duties shall be a Texas certified or licensed paramedic,
307 registered nurse or physician. The qualifications and numbers of air medical
308 personnel shall be appropriate to the patient care needs;

309

310 (3) When responding as in paragraphs (A) and (B) of this subsection, the second
311 person ~~may~~ **must** be a Texas certified or licensed paramedic, registered nurse,
312 **physician's assistant, nurse practitioner** or a physician; and

313

314 (4) Air medical personnel shall not be assigned or assume the cockpit duties of the
315 flight crew members concurrent with patient care duties and responsibilities.

316

317 (5) **The helicopter shall be operated by a pilot or pilots licensed or certified by the**
318 **United States Federal Aviation Administration (FAA) and operated in accordance**
319 **with all applicable FAA regulations.**

320

321 (i) Documentation of successful completion of training specific to the helicopter
322 transport environment in general and the licensee's operation specifically shall be
323 required. The curriculum shall be consistent with the Department of Transportation
324 (DOT) Air Medical Crew – National Standard Curriculum or equivalent program and
325 each attendant's qualifications shall be documented.

326

327 (j) Medical supplies, equipment, and medication shall be fully supportive of and
328 consistent with the service's scope of care as approved by the medical director. Medical
329 equipment shall be functional without interfering with the avionics nor should avionics
330 interfere with the function of the medical equipment. Additionally the following
331 equipment, clean and in working order, must be on the aircraft or immediately available
332 for all providers:

333

334 (1) One or more stretchers capable of being secured in the aircraft which meet the
335 following criteria:

336

337 (A) Can accommodate an adult, 6 feet tall weighing 212 pounds. There shall be
338 restraining devices or additional appliances available to provide adequate restraint
339 of all patients including those under 60 pounds or 36 inches in height;

340

341 (B) Shall have the head of the primary stretcher capable of being elevated up to
342 30 degrees. The elevating section shall not interfere with or require that the
343 patient or stretcher securing straps and hardware be removed or loosened;

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345 (C) Shall be sturdy and rigid enough that it can support cardiopulmonary
346 resuscitation. If a backboard or equivalent device is required to achieve this, such
347 device will be readily available;

348

349 (D) Shall have a pad or mattress impervious to moisture and easily cleaned and
350 disinfected according to Occupational Safety and Health Administration (OSHA)
351 bloodborne pathogen requirements; and

352

353 (E) Shall have a supply of linen for each patient;

354

355 (2) Adequate amounts of oxygen (for anticipated liter flow and length of flight with
356 an emergency reserve) available for every mission;

357

358 (3) One portable oxygen tank with regulator;

359

360 (4) A back-up source of oxygen (of sufficient quantity to get safely to a facility for
361 replacements). Back-up source may be the required portable tank if the tank is
362 accessible in the patient care area during the flight;

363

364 (5) Airway adjuncts as follows:

365

366 (A) Oropharyngeal airways in at least five assorted sizes, including adult, child,
367 and infant; and

368

369 (B) Nasopharyngeal airways in at least three sizes with water soluble lubricant;

370

371 (6) At least one suction unit which is portable (bulb syringes or foot pump not
372 acceptable);

373

374 (7) The following items in amounts and sizes as specified on a list signed by the
375 medical director:

376

377 (A) IV solutions;

378

379 (B) IV catheters;

380

381 (C) Endotracheal tubes;

382

383 (D) Medications;

384

385 (E) Any specialized equipment required in medical treatment protocols/standing
386 orders;

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387

388

(F) Pressure bag;

389

390

(G) Tourniquets, tape, dressings; and

391

392

(H) Container appropriate to contain used sharp devices (needles, scalpels) which

393

meet OSHA requirements;

394

395

(8) Assessment equipment as follows:

396

397

(A) Equipment suitable to determine blood pressure of the adult, pediatric and

398

infant patient(s) during flight;

399

400

(B) Stethoscope;

401

402

(C) Penlight/flashlight;

403

404

(D) Heavy duty bandage scissors;

405

406

(E) Pulse oximeter;

407

408

(F) External cardiac pacing device; and

409

410

(G) IV infusion pump capable of strict mechanical control of an IV infusion drip

411

rate. Passive devices such as dial-a-flow are not acceptable;

412

413

(9) Bandages and dressings as follows:

414

415

(A) Sterile dressings such as 4x4s, ABD pads;

416

417

(B) Bandages such as Kerlix, Kling; and

418

419

(C) Tape in various sizes;

420

421

(10) Container(s) and methods to collect, contain, and dispose of body fluids such as

422

emesis, oral secretions, and blood consistent with OSHA bloodborne pathogen

423

requirements;

424

425

(11) Infection control equipment. The licensee shall have a sufficient quantity of the

426

following supplies for all air medical personnel, and each flight crew member, and all

427

ground personnel with incidental exposure risks according to OSHA requirements

428

which includes but is not limited to:

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- 430 (A) Protective gloves;
431
432 (B) Protective gowns;
433
434 (C) Protective eyewear;
435
436 (D) Protective face masks;
437
438 (E) An approved bio-hazardous waste plastic bag or impervious container to
439 receive and dispose of used supplies; and
440
441 (F) Hand washing capabilities or antiviral towelettes;
442
443 (12) An adequate trash disposal system exclusive of bio-hazardous waste control
444 provisions;
445
446 (13) Security of medications, fluids, and controlled substances shall be maintained by
447 each air medical licensee in compliance with local, state, and federal drug laws;
448
449 (14) Cardiac monitor defibrillator – DC battery powered portable
450 monitor/defibrillator with paper printout, accessories and supplies, with sufficient
451 power supply to meet demands of the mission; and
452
453 (15) Quantity and type of ~~drugs~~ medications and specialized equipment as specified
454 on the medical director's medication list.
455
456 (16) The protocols shall have an effective date and an expiration date which
457 correspond to the inclusive dates of the provider's EMS license.
458
459 (k) Surveys. All initial candidates for a provider license shall be required to have a
460 comprehensive survey by the department prior to the license being granted. Surveys may
461 be conducted for cause on any licensed provider.
462
463 (l) Unannounced inspections. Randomly and/or in response to complaints, the
464 department may conduct unannounced inspections to insure compliance of the provider
465 license holder. Inspections may be conducted at any time, including nights and
466 weekends. The department may review all components of provider licensure during
467 unannounced inspection. Violations or deficiencies may result in disciplinary action as
468 authorized by §157.16 of this title (relating to Emergency Suspension, Suspension,
469 Probation, Revocation or Denial or a Provider License). The department may grant a
470 reasonable period of time for the provider to correct deficiencies. If the department must
471 reinspect the provider because of noncompliance noted during a previous inspection, the
472 provider shall pay a nonrefundable administrative fee of \$30, if applicable.

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474 (m) Failure to correct identified deficiencies within a period of time determined to be
475 reasonable by the department or if the deficiencies are found to be repeated, the provider
476 shall be subject to disciplinary actions in accordance with §157.16 of this title.

477

478 (n) Denial of a rotor-wing air medical provider application. A license may be denied as
479 authorized by §157.16 of this title (relating to Emergency Suspension, Suspension,
480 Probation, Revocation or Denial or a Provider License) and in addition to:

481

482 (1) A rotor-wing air medical provider's failure to meet accreditation by the
483 Commission on Accreditation of Medical Transport Systems (CAMTS) or a
484 department approved process during any rotor-wing air medical provider's previous
485 initial application period/process.

486

487 (o) Renewal of License and Designations.

488

489 (1) The department shall notify the rotor-wing air medical provider at least 90 days
490 before the expiration date of the current license at the address shown in the current
491 records of the department. It is the responsibility of the provider to notify the
492 department of any change of address. If a notice of expiration is not received, it is the
493 responsibility of the provider to notify the department and request license renewal
494 information.

495

496 (2) Providers shall submit a completed application and nonrefundable fee, if
497 applicable, and must verify continuing compliance with the requirements of their
498 license.

499

500 (3) A rotor-wing air medical provider must become accredited through the
501 Commission on Accreditation of Medical Transport Systems (CAMTS) or by a
502 department approved process by the date their initial Texas EMS Provider License
503 expires.

504

505 (A) Applicants for Texas EMS Provider License renewal may request a survey
506 through the Commission on Accreditation of Medical Transport Systems
507 (CAMTS) or by a department approved process. **Do we need to have more**
508 **specific "department" like DSHS?**

509

510 (B) Surveyors will be at a minimum CAMTS-trained. The composition of the
511 survey team shall in accordance with CAMTS Policy and Procedures.

512

513 (C) The applicant shall notify the department of the requested date of the planned
514 survey and the composition of the survey team. The applicant shall provide the
515 department with the Program Information Form (PIF). The department shall

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- 516 retain authority to require a change in the date or the composition of the survey
517 team.
518
- 519 (D) The applicant shall be responsible for any expenses associated with the
520 survey.
521
- 522 (E) The department, at its discretion, may assign one or more staff members or
523 department approved peer reviewers to participate in the survey. In this event, the
524 cost for the employees shall be borne by the department.
525
- 526 (F) The survey shall be based upon the current standards of the Accreditation
527 Standards of the Commission on Accreditation of Medical Transport Systems
528 (CAMTS) at the time of the rotor-wing air medical provider's site survey.
529
- 530 (G) The survey shall be completed by the date their initial Texas EMS Provider
531 License expires.
- 532 (H) The designated CAMTS-trained surveyor shall submit a copy of the site
533 survey report to the department within 14 days after the completion of the survey.
534
- 535 (I) The department will evaluate the site survey report, however all other
536 requirements for licensure must be met before a provider license will be issued.
537
- 538 (J) Rotor-wing air medical providers seeking or holding CAMTS accreditation
539 must provide the department with any and all copies of correspondence sent to
540 and received from CAMTS including the Program Information Form (PIF), site
541 survey report and any correspondence related to the survey or accreditation status.
542
- 543 (K) The department will consider current CAMTS accreditation when reviewing
544 a provider license renewal application, however all other requirements for
545 licensure must be met before a renewal provider license will be issued.
546
- 547 (L) Rotor-wing air medical providers, including those accredited by CAMTS
548 must follow the renewal process in section (o) of this chapter in order to
549 renew their Texas EMS provider license.
550
- 551 (M) An EMS provider shall not operate prior to the issuance or upon expiration of
552 the provider license.
553
- 554 (N) The department may grant an exception if it finds that compliance with this
555 section would not be in the best interest of the persons served in the affected
556 local system.
557

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- 558 (4) If a provider has not met all requirements for a provider license, including
559 accreditation as listed in (3) above, the provider may apply for a provisional license
560 by submitting a request and, in addition to the regular nonrefundable administrative
561 licensure fee, if applicable, a nonrefundable fee of \$30. One provisional license,
562 valid for not more than 60 days, may be granted only to prevent probable adverse
563 impact to the health and safety of the service community. Without a provisional
564 license, a provider may not operate if there is a lapse in time between license
565 expiration and license expiration and license renewal.
566
- 567 (5) The department may issue a renewal license for less than two years for
568 administrative purposes. Licensed EMS providers shall comply with all requirements
569 of their license at all times.
570
- 571 (6) For all applications and renewal applications, the department (or the board) is
572 authorized to collect subscription and convenience fees, in amounts determined by the
573 Texas Online Authority, to recover costs associated with application and renewal
574 application processing through Texas Online.